

# Registration - Agricultural Biomass to Energy Program

Submit To:      **Attn: Tony Gonçalves**  
**California Energy Commission**  
**AgBio Program**  
**1516 Ninth Street, MS-45**  
**Sacramento, CA 95814-5512**

1. Facility Name:	Facility Owner:
2. Air District:	
3. Physical Address of Facility:	Facility Owner Address:
Telephone:	Telefax:
4. Contact Person / Title:	
Telephone:	Telefax:
E-mail Address:	
5. Payee Name (Same as STD-204, 30 Characters or Less):	
Address:	

## 6. Check all that apply

<input type="checkbox"/> This facility, as of July 1, 2003, converted and continues to convert Qualified Agricultural Biomass (QAB), as defined in the California Energy Commission's <i>Agricultural Biomass to Energy Program Guidebook</i> , to electrical energy.
<input type="checkbox"/> This facility is permitted with the best available control technology to reduce air emissions.
<input type="checkbox"/> This facility's emissions control equipment is in good working order and in compliance with all operating permits.
<input type="checkbox"/> This facility will not receive any emission reduction credits pursuant to Health and Safety Code section 40709 for any QAB for which it will request incentive payments from the Agricultural Biomass to Energy Program (AgBio Program).
<input type="checkbox"/> The facility's suppliers of QAB will not receive emission reduction credits pursuant to Health and Safety Code section 40709 for any QAB supplied to this facility for which this facility will request incentive payments from the AgBio Program.
<input type="checkbox"/> This facility intends to purchase at least 10 percent more QAB than was purchased on average for five years prior to the implementation of the Agricultural Biomass-to-Energy Incentive Grant Program in July 2000.

7. All of the QAB that this facility purchases and will seek incentive payments for under the AgBio Program is produced in the following Air District(s):  _____
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8. Please provide the following average QAB and/or Agricultural Biomass (AB) purchase information for five years of operation prior to the Agricultural Biomass-to-Energy Incentive Grant Program. (Submit appropriate documentation to verify 5-year averages **listed** below)

Annual Average (Tons of QAB): _____,      (Tons of AB): _____
July through December Average (Tons of QAB): _____,      (Tons of AB): _____

## Registration - Agricultural Biomass to Energy Program (cont.)

9. Please fill out the appropriate columns of the Twelve-Month Totals table below. Only the Tons of QAB, the Tons of AB, or the Tons of All Fuels Purchased column needs to be completed along with the corresponding year.

If you will be requesting incentive payments for July through December 2003 based on the 5-year average of purchases from July through December, please fill out the appropriate columns on the Six-Month Totals (July through December) table below. The column filled out in the Six-Month Totals table should be the same as the one filled out in the Twelve-Month Totals table.

Below the tables below, please provide a general listing of the QAB fuels that comprise the tons listed in the tables.

### Twelve-Month Fuel Purchase Totals

	Year	Tons of QAB	Tons of AB	Tons of All Fuels Purchased
1				
2				
3				
4				
5				
5-Year Average				

### Six-Month Fuel Purchase Totals (July through December)

	Year	Tons of QAB	Tons of AB	Tons of All Fuels Purchased
1				
2				
3				
4				
5				
5-Year Average				

List of QAB Fuels:

## 10. DECLARATION

I, (print name and title) \_\_\_\_\_, as an authorized officer of the above noted facility owner, hereby agree, for and on behalf of said facility owner, to comply with all requirements of the AgBio Program as set forth in the California Energy Commission's *Agricultural Biomass to Energy Program Guidebook*. I acknowledge that the receipt of any incentive payments from the AgBio Program is conditioned on the acceptance and satisfaction of all program requirements as set forth in the *Agricultural Biomass to Energy Program Guidebook*. I declare under penalty of perjury that the information provided in this form and the attached back up materials is true and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.  
(day) (month) (year) (place of execution)

Signature: \_\_\_\_\_

**Note: All data submitted on this form is subject to public disclosure**